Director of Regulation and Licensure's Report to the State Board of Health
May 2005

Influenza

According to a recent Centers for Disease Control and Prevention survey, 50-60 percent of Nebraskans in the high-priority groups received the flu vaccine despite a dramatic reduction in vaccine availability this season. The state's numbers were some of the highest in the nation. Nearly 100 percent of residents in licensed nursing homes were vaccinated as well as health care workers in those facilities who provide hands-on patient care.

Nebraska used its Health Alert Network (HAN) to survey physicians, hospitals, nursing homes, rural health clinics, health departments and pharmacies to find out how much vaccine they ordered from manufacturers Aventis Pasteur and Chiron, along with how much vaccine they had already received. Within 24 hours, Nebraska had a snapshot of the current vaccine supply across the state and anticipated need. The numbers told where gaps were in coverage, making it easier for state employees to facilitate the redistribution of the vaccine with the help of local health departments.

Looking ahead to vaccine supply next year, Chiron had its license reinstated by the UK Medicines and Healthcare Products Regulatory Agency in March. The company's license was suspended last October over vaccine contamination problems that cut the U.S. flu vaccine supply in half. Chiron officials say the Liverpool plant is gearing up to resume production of flu vaccine. However, the vaccine still needs approval from the Food and Drug Administration (FDA) before it can be sold in the U.S.

Sanofi Pasteur plans to supply 50-60 million doses of vaccine again next year. Pharmaceutical company GlaxoSmithKline hopes to have 10-15 million FDA approved doses available for the 2005-2006 flu season. This will be a new source for the flu vaccine, GSK having pulled out of the U.S. market several years ago. ID Biomed, a Canadian company, is also planning on gaining FDA approval for its flu vaccine over the next 2-3 years.

Nebraska is in the process of writing its pandemic influenza plan. Dr. Joann Schaefer has led an internal team and brought the team's plan to an external advisory committee appointed by the Governor. A meeting was held April 11 among external stakeholders to discuss the elements of the plan developed by an internal HHSS team in partnership with local health departments and the recommended priorities for vaccination. At a recent pandemic flu planning subcommittee meeting of the National Vaccine Advisory Committee, the CDC said Nebraska was the first state to reach this step in pandemic planning.

Influenza pandemics have occurred three times in the 20th century: 1918, 1957, and 1968. CDC experts agree that a future pandemic of influenza is inevitable. Pre-pandemic planning is essential if morbidity, mortality and social disruption are to be minimized. A strong, coordinated effort among federal, state and local public and private entities will be essential to deal with the challenge.

Nebraska is being considered to be one of four states to participate in a federal pilot project to test a method of engaging citizens and scientists in deliberations about which groups in the population require the earliest protection against influenza in the event of a pandemic. A small cross section of lay citizens in Nebraska would participate in meetings (locally and one national) as part of the project and have the opportunity for input to a national prioritization recommendation.

The influenza season peaked in mid-March. Laboratory surveillance will be maintained through the end of April. Hospital surveillance ended April 3rd.

Behavioral Health Update

The Division of Behavioral Health Services has notified Governor Heineman and state senators that it will discontinue inpatient psychiatric services at the Hastings Regional Center (HRC) and discontinue the active license for hospital beds. The notice to discontinue services is required by the Behavioral Health Reform Law passed last year. The notice does not affect the operations of the 40-bed adult residential program or the 40-bed adolescent substance abuse treatment program.

New and augmented community-based services are being established in the six Behavioral Health Regions to facilitate the transition of consumers from regional centers to appropriate services in the community. A wide range of new and augmented services is being developed statewide, including: acute and sub-acute inpatient, crisis response, crisis respite, crisis stabilization, psychiatric residential rehabilitation, dual disorder residential treatment, medication management, short term residential, assertive community treatment (ACT) teams, and emergency community support.

Emergency protective custody cases have declined from 2,713 in Fiscal Year 2003 to 2,495 in Fiscal Year 2004. Commitments have also been reduced.

West Nile Virus Cases

As predicted, the total of West Nile cases last year reflects a dramatic drop from 2003. The number of West Nile cases among Nebraskans dropped from 2,366 last year to 54 for 2004. Twenty-nine deaths were reported last year; this year, there were no deaths due to the disease. In 2002, the first year West Nile was identified in the state, there were 174 cases and eight deaths.

It is expected that from now on West Nile cases will be low every year because the virus has become part of Nebraska's landscape, and while numbers may fluctuate from time to time, there won't be a large number of cases as in 2003.

There are multiple reasons for the reduction in cases. Many of the kinds of birds that serve as hosts for the virus have either died or developed immunity, so they don't transmit West Nile to mosquitoes. The dramatic reduction in cases in the third year mirrors the experience of other states.

Other factors could be public health education efforts resulting in more people taking precautions like wearing mosquito repellent, and more community efforts like reducing standing water, mosquito spraying and larviciding.

Surveillance for West Nile by collecting and testing dead birds began April 25. Trapping and testing mosquitoes will begin mid June.

Telehealth

The Governor announced in October that the state, using bioterrorism preparedness dollars and Public Service Commission funds, has established the capacity to connect state health officials with more than 40 hospitals throughout Nebraska for interactive video conferencing. As of April 1, 60 hospitals have been connected and it is anticipated almost all will be connected by June 1, 2005.

Telehealth has the ability to link hospitals with the state's medical universities and state public health officials and has far-reaching implications for improved emergency response and overall health care. Eventually the Nebraska Statewide Telehealth Network will directly connect all Nebraska hospitals, local public health departments, state and regional public health labs, and key state agencies. The goal is to increase the quality, availability, and accessibility of health care throughout the state, especially in rural areas, and to improve the readiness of the state to respond to terrorism-related events or public health emergencies.

The statewide network will bring Nebraska's hospitals together to form a single connected system with numerous practical applications for health care providers. The network can be used for patient consultations and trauma care, as well as continuing education and professional development for physicians and nurses.

The Nebraska Statewide Telehealth Network will link 120 endpoints through telephonic or fiber optic connections that allow point-to-point and multi-point video communications.

Nebraska is not the first state to develop a telehealth network; however, Nebraska's network is expected to involve more endpoints and utilize more advanced technology than other existing statewide networks. The implementation goal is to connect every hospital in the state by mid-year and all 120 endpoints, including local health departments and laboratories, by 2006.

Medicaid

The Medicaid program continues to grow at a significant rate. In FY 1982, State General Fund expenditures for Nebraska Medicaid were $38.4 million and 5.3% of total state spending. By last year, FY 2004, General Fund expenditures had grown to $390.6 million and accounted for 15.2% of total state spending.

In another comparison, the average annual growth in state tax receipts since FY 82 is 5.2%. The Nebraska Medicaid average annual growth rate is more than double, at 11.1% since FY 82.

Of average monthly eligibles by category, 64 percent are children, 14 percent are blind and disabled, 13 percent are ADC adults, and 9 percent are the aged. By expenditures, the most is spent on the blind and disabled (40 percent), followed by the aged (28 percent), children (25 percent) and ADC adults (8 percent).

Incrementally expanding individual programs and eligibility groups is not sustainable. LB 709, if passed by the Nebraska Legislature, will implement some components of Medicaid reform. Reform will require all recipients, providers and advocates to participate with open minds and to have a "big picture" mentality to assure Medicaid is there for the most vulnerable and for the most vital services. The federal budget proposed by President Bush may also have fiscal implications on state Medicaid programs, especially in regard to optional populations and services.

Medicaid Pharmacy

The Medicaid Pharmacy Program continues to show constrained growth. Cost increases have dropped from the previous five-year average of 18 percent to less than 10 percent for the last two fiscal years. Fiscal Year 2005 should continue that trend. Practitioners have been very helpful by keeping costs down by prescribing generics when possible and working on prior authorizations.

Drug coverage for the 32,000 Medicaid/Medicaid dual eligibles will be transitioned from Medicaid to Medicare Part D effective January 1, 2006.

Drug coverage under Medicaid is broad, covering most classes of drugs, except those for weight loss/gain, hair growth, cosmetics and a few others. Under Medicare Part D, the plans will each have their own formulary, while being required to cover two drugs in each of the United States Pharmacopeia's 146 unique therapeutic categories and pharmacologic classes. This coverage is expected to be much narrower than under Nebraska Medicaid.

Latest expectations are that the geographic region including Nebraska may have 20 or more participating plans, each with their own unique formulary. Dual eligibles will initially be randomly assigned by CMS into any plan that offers coverage at or below the

average cost. Eligibles may then switch plans to provide the desired covered drugs whenever possible.

This will translate into many phone calls, faxes, and other communications between patients, prescribers and pharmacies in order to provide a covered drug. While there is an appeal process in the regulation that allows the patient, patient representative or prescriber to appeal for coverage of a drug, that process has not been tested.

Work groups are being formed by the HHS System with Medicine, Pharmacy, Area Agencies on Aging, local health departments and others to deal with the many issues with Part D implementation, most importantly the plan selection process.

Office of Minority Health

The HHSS Office of Minority Health has a new administrator. Raponzil Drake will be responsible for the three offices of minority health, one in each federal legislative district.

Proposals for new and innovative projects to address minority health disparities in culturally competent ways were due April 30. Focus areas include health issues addressing infant mortality, diabetes, cardiovascular disease, asthma and obesity. All projects will be evaluated based on their ability to meet the special cultural and linguistic needs of the special populations. The funding available is $1.5 million per fiscal year for two years from LB 692 tobacco dollars.

Statewide Plan for Improving Nutrition and Physical Activity

A new statewide plan to improve nutrition and physical activity, promote healthy weight and help prevent chronic disease was released last month. The plan encourages local communities to work at both the local and state levels to create population-based changes.

The vision for the Nebraska Physical Activity and Nutrition State Plan is to develop environments where public and private entities, individuals and communities support and promote healthy lifestyles. Individuals from approximately 25 organizations worked with HHSS in developing the plan.

The plan details strategies and activities designed to increase healthy eating and physical activity through interventions in a variety of settings. The plan includes goals for the long-term, intermediate, and short-term time frames, and establishes the following priorities: eliminate health disparities among high risk populations, improve state and local capacity to promote healthy lifestyles, increase supports for healthy lifestyles in Nebraska communities, and encourage daily activity and healthy eating in schools and childcare facilities, worksites, and among health care systems and providers.

The report states that only 45 percent of Nebraska adults engage in moderate or vigorous physical activity each week. Less than 20 percent of Nebraska high school students

engage in similar levels of physical activity or strengthening exercise each week. Less than one in five adults and high school students in Nebraska consume the USDA daily recommended servings of fruits and vegetables.

The 2003 Nebraska Behavioral Risk Factor Survey indicated that nearly one in four adults are obese, while three out of five is either overweight or obese. Between 1990 and 2003, obesity among Nebraska adults more than doubled, increasing from 11.6 percent to 23.9 percent.

Physical activity and healthy eating help prevent many chronic diseases, such as cardiovascular disease, diabetes, and certain types of cancer.

The Nebraska Physical Activity and Nutrition State Plan is available online at http://www.hhs.state.ne.us/cvh.